

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTHSFUND RECORDS CTR
999000468

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WBSLOCK CO Code No.
 Pick up Address: 1344 S MAIN ST LA CALIF
 Telephone Number: () () () P.O. or Contract No.

Order Placed By: Date:

Type of Process
 Which Produced Wastes:
 (Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Sludge |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilline mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Sewage waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Waste water |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> No. 2 and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)

	Concentration:		ppm
	Upper	Lower	
1. <u>acid water</u>			<u>200</u>
2. <u>acid water</u>			<u>200</u>
3. <u> </u>			
4. <u> </u>			
5. <u> </u>			
6. <u> </u>			

Hazardous Properties of Waste:

pH ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
 Bulk Volume: gal tons barrels (42 gal) other (specify)
 Containers: (Number) drums cartons bags other (specify)
 Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)
 Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Co Code No.
 Business Address: 2501 W. Manchester Ave. Ing.
 Telephone Number: 778-1842 Pick Up: 8/9/79 Time:

State Liquid Waste Hauler's Registration No. (if applicable): 483Job No.: 00685 No. of Loads or Trips: 30 Unit No.: Vehicle: ☐ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRY Code No.
 Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery
☐ treatment (specify):
☐ disposal (specify): (Examples: incineration, neutralization, precipitation) Code No.
☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location Disposal Date: 8/9/79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

No. 080

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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